



**STATE OF TENNESSEE**  
**DEPARTMENT OF COMMERCE AND INSURANCE**  
**SURPLUS LINES DIVISION**  
500 James Robertson Parkway, 4th Floor      Nashville, TN 37243  
(615) 741-1756

**SURPLUS LINES STATEMENT OF PREMIUMS AND TAX PAYMENT**

Payment enclosed is for the gross taxable premiums including all membership fees, assessments, dues or any other consideration for surplus lines insurance, as provided in the policy or contract received by \_\_\_\_\_ Surplus Lines Agent/Representative, on behalf of the \_\_\_\_\_ Agency, paid by or for policyholders residing in this State, or on property or risks located in this State, for the following tax period:

From the \_\_\_\_\_ day of \_\_\_\_\_ thru the \_\_\_\_\_ day of \_\_\_\_\_

	PREMIUM	TAX
21/2% (other than fire)	\$ _____	\$ _____
31/4% (fire premiums)	\$ _____	\$ _____
4.4% (excess Workers Comp)	\$ _____	\$ _____
<b>TOTAL PREMIUM</b>	<b>\$ _____</b>	
<b>TOTAL TAX PAYMENT ENCLOSED</b>		<b>\$ _____</b>

STATE OF \_\_\_\_\_

I, \_\_\_\_\_, duly licensed surplus lines agent, or representative of \_\_\_\_\_, make oath that the foregoing statement of premiums for taxation are in accordance with Section 56-14-113, Tennessee Code Annotated, and are true to the best of my knowledge, information and belief.

**Agent or representative signature:** \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

**Notary signature** \_\_\_\_\_

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_

**NOTE:**      **TAXES ARE DUE BY SEPTEMBER 1,** for the tax period of Jan. 1 thru June 30  
                 **TAXES ARE DUE BY MARCH 1,** for the tax period of July 1 thru December 31

Amounts shown above under the columns "Premiums" and "Tax" must agree with the sums of all affidavits filed with this Department for the same tax period.

